

# St. John's Healthcare Foundation Employee Giving Campaign

## Employee Information

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Email: \_\_\_\_\_ Department: \_\_\_\_\_

## Area of Support

- Area of greatest need
- SJRMC Cancer Center
- Community health outreach programs, including food pantry
- Nursing improvements fund
- Other: \_\_\_\_\_

## How to Give

Giving online is easy at [supportstjohns.org/donate](http://supportstjohns.org/donate) or fill out this form and return to your fundraising office.

- Check donation: \$ \_\_\_\_\_
- Ongoing payroll deduction donation:
  - \$5,000 annual (\$192.31 per pay period)
  - \$2,500 annual (\$96.15 per pay period)
  - \$1,000 annual (\$38.46 per pay period)
  - \$500 annual (\$19.23 per pay period)
  - \$260 annual (\$10.00 per pay period)
- One-time payroll deduction donation: \_\_\_\_\_
- Paid time off (PTO) donation:
  - Ongoing donation of \_\_\_\_\_ PTO hour(s) per pay period
  - One-time donation of \_\_\_\_\_ PTO hour(s)

*I understand that (1) In order to donate the PTO hours elected, I must have a minimum of 80 hours in my PTO account at the time I make this election. If there are insufficient hours to cover my election, no donation will occur. (2) PTO donations are subject to all applicable payroll taxes and will be reported as wages on my IRS W-2 form in the calendar year in which the PTO hours are donated.*

Signature (required):

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- Credit card: \$ \_\_\_\_\_ Please charge my:  Visa  MasterCard  AmEx
  - One-time Quarterly  Semi-annually  Monthly

Name as it appears on card \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

For questions, please contact St. John's Healthcare Foundation at 805-988-2868